

## MAYSI-2 Questionnaire

Name Ryan Morgan Male  Female

Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

These are some questions about things that sometime happen to people. For each question, please circle YES or NO to answer whether that question has been true for you IN THE PAST FEW MONTHS. Please answer these questions as well as you can.



Circle Y (yes) or N (no)

- |  |   |   |    |
|--|---|---|----|
| 1. Have you had a lot of trouble falling asleep or staying asleep?                 | Y | N | 1  |
| 2. Have you lost your temper easily, or had a "short fuse"?                        | Y | N | 2  |
| 3. Have nervous or worried feelings kept you from doing things you want to do?     | Y | N | 3  |
| 4. Have you had a lot of problems concentrating or paying attention?               | Y | N | 4  |
| 5. Have you enjoyed fighting, or been "turned on" by fighting?                     | Y | N | 5  |
| 6. Have you been easily upset?   | Y | N | 6  |
| 7. Have you thought a lot about getting back at someone you have been angry at?    | Y | N | 7  |
| 8. Have you been really jumpy or hyper?  | Y | N | 8  |
| 9. Have you seen things other people say are not really there?                     | Y | N | 9  |
| 10. Have you done anything you wish you hadn't, when you were drunk or high?       | Y | N | 10 |
| 11. Have you wished you were dead?   | Y | N | 11 |
| 12. Have you been daydreaming too much in school?                                  | Y | N | 12 |
| 13. Have you had too many bad moods?   | Y | N | 13 |
| 14. Have you had nightmares that are bad enough to make you afraid to go to sleep? | Y | N | 14 |
| 15. Have you felt too tired to have a good time?                                   | Y | N | 15 |
| 16. Have you felt like life was not worth living?                                  | Y | N | 16 |
| 17. Have you felt lonely too much of the time?                                     | Y | N | 17 |
| 18. Have you felt like hurting yourself?   | Y | N | 18 |
| 19. Have your parents or friends thought you drink too much?                       | Y | N | 19 |
| 20. Have you heard voices other people can't hear?                                 | Y | N | 20 |
| 21. Has it seemed like some part of your body always hurts you?                    | Y | N | 21 |
| 22. Have you felt like killing yourself?   | Y | N | 22 |
| 23. Have you gotten in trouble when you've been high or have been drinking?        | Y | N | 23 |
| 24. If yes, is this fighting?  | Y | N | 24 |

Ryan Morgan



Circle Y (yes) or N (no)

25. Have other people been able to control your brain or your thoughts?	Y	<input checked="" type="radio"/> N	25
26. Have you had a bad feeling that things don't seem real, like you're in a dream?	<input checked="" type="radio"/> Y	N	26
When you have felt nervous or anxious:			
27. have you felt shaky?	Y	<input checked="" type="radio"/> N	27
28. has your heart beat very fast?	<input checked="" type="radio"/> Y	N	28
29. have you felt short of breath?	Y	<input checked="" type="radio"/> N	29
30. have your hands felt clammy?	<input checked="" type="radio"/> Y	N	30
31. has your stomach been upset?	<input checked="" type="radio"/> Y	N	31
32. Have you been able to make other people do things just by thinking about it?	Y	<input checked="" type="radio"/> N	32
33. Have you used alcohol or drugs to help you feel better?	<input checked="" type="radio"/> Y	N	33
34. Have you felt that you don't have fun with your friends anymore?	<input checked="" type="radio"/> Y	N	34
35. Have you felt angry a lot?	<input checked="" type="radio"/> Y	N	35
36. Have you felt like you don't want to go to school anymore?	Y	<input checked="" type="radio"/> N	36
37. Have you been drunk or high at school?	<input checked="" type="radio"/> Y	N	37
38. Have you felt that you can't do anything right?	Y	<input checked="" type="radio"/> N	38
39. Have you gotten frustrated a lot?	<input checked="" type="radio"/> Y	N	39
40. Have you used alcohol and drugs at the same time?	Y	<input checked="" type="radio"/> N	40
41. Has it been hard for you to feel close to people outside your family?	<input checked="" type="radio"/> Y	N	41
42. When you have been mad, have you stayed mad for a long time?	Y	<input checked="" type="radio"/> N	42
43. Have you had bad headaches?	<input checked="" type="radio"/> Y	N	43
44. Have you hurt or broken something on purpose, just because you were mad?	Y	<input checked="" type="radio"/> N	44
45. Have you been so drunk or high that you couldn't remember what happened?	Y	<input checked="" type="radio"/> N	45
46. Have people talked about you a lot when you're not there?	Y	<input checked="" type="radio"/> N	46
47. Have you given up hope for your life?	<input checked="" type="radio"/> Y	N	47
48. Have you EVER IN YOUR WHOLE LIFE had something very bad or terrifying happen to you?	<input checked="" type="radio"/> Y	N	48
49. Have you ever been badly hurt, or been in danger of getting badly hurt or killed?	Y	<input checked="" type="radio"/> N	49
50. Have you ever been raped, or been in danger of getting raped?	Y	<input checked="" type="radio"/> N	50
51. Have you had a lot of bad thoughts or dreams about a bad or scary event that happened to you?	<input checked="" type="radio"/> Y	N	51
52. Have you ever seen someone severely injured or killed (in person – not in movies or on TV)?	Y	<input checked="" type="radio"/> N	52



